



Supplemental Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: MODULAR SECURING DEVICE AND  
PROCESS OF LAYING SUCH A DEVICE  
Attorney Docket Number:: 0510-1073  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 3  
Small Entity?: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: GABRIEL  
Middle Name::  
Family Name:: BRUYERE  
City of Residence:: SAINT-SAUVEUR EN RUE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: L'AMOUR

City of Mailing Address:: SAINT-SAUVEUR EN RUE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 42220

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: PIERRE-MARIE  
Middle Name::  
Family Name:: GAREL  
City of Residence:: ~~CHAPONOST~~ TASSIN LA DEMI LUNE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: ~~4 RUE ETIENNE RADIX~~  
29 AVENUE MATHIEU MISERY  
City of Mailing Address:: ~~CHAPONOST~~ TASSIN LA DEMI LUNE  
State or Province of Mailing Address::

Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 69630

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: DIDIER  
Middle Name::  
Family Name:: PEYRARD  
City of Residence:: MORNANT  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 19 CHEMIN CARIASSE

City of Mailing Address:: MORNANT  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 69440

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0208770	7/11/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::